



The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

March 15, 1945

Volume 9 • Number 6



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THE CALENDAR

March 22

Chicago Dental Society
Red Lacquer Room, Palmer House

Dr. John R. Thompson, Prize Essay Winner, will read his paper on "The Rest Position of the Mandible and its Significance to Dentistry."

Also the premiere showing of "A.D.A.: The Story of the American Dental Association," a new sound motion picture produced by the American Dental Association, which has just been released. It is a graphic account of the growth and progress of American dentistry.

April 2nd:

North Side Branch: Regular monthly meeting at the Edgewater Beach Hotel. Business of the meeting will include the election and installation of officers. Dinner at 6:30, meeting at 8:00 p.m.

April 3rd:

Kenwood-Hyde Park Branch: Regular monthly meeting to be held at the Del Prado Hotel, 53rd and Hyde Park Blvd. "All Clinic Night." An excellent program of over twenty clinics planned for the Midwinter Meeting will be presented. Guests are welcome. Dinner at 6:30, meeting at 8:00. Call Dr. B. Z. Black, Midway 0989, for dinner reservations.

April 10th:

West Suburban Branch: Regular monthly meeting to be held at the Oak Park Club. Dr. Balint Orban will discuss "Periodontia." Dinner will be served at 6:30 p.m. Tickets must be secured a week in advance. Call Dr. Walter Wicklund, Mansfield 1400, for reservations.

April 10th:

Englewood Branch: Regular monthly meeting to be held at the Hayes Hotel. Election of officers for the 1945-1946 season will be held at this meeting.

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Monthly Meetings Given Go Ahead Signal

March 22nd Inaugurates New Series of Programs

To help make up for the loss of the Midwinter Meeting, the Monthly Meeting Program Committee has arranged a March meeting at which time the winner of the Fourth Annual Essay Contest, Dr. John R. Thompson, will read his prize winning essay. This paper was originally scheduled for presentation at the Second General Session of the Midwinter Meeting. The subject, "The Rest Position of the Mandible and its Significance to Dental Science," has long been a matter of interest among investigators and Dr. Thompson's research has been painstaking and thorough. His is the scientific approach that offers proof for every statement. A business meeting will precede the scientific session, which President Oppice promises will be brief, and the essay program definitely will get under way at 8:30. This meeting will be held, as usual, in the Red Lacquer Room of the Palmer House, Thursday evening, March 22.

ESSAYIST

Dr. Thompson graduated from Northwestern in 1934, but his education did not stop when he acquired his degree. He continued on at Northwestern and earned his Master's degree in 1937. In 1940 the University of Illinois granted him an M. S. He now specializes in orthodontia and teaches in the Department of Oral Anatomy and Orthodontia

at Illinois. He has contributed liberally to the literature and only recently was the author of an article appearing in the *Journal of the American Dental Association* entitled, "The Constancy of the Position of the Mandible and its Influence on Prosthetic Restorations and Asymmetry of the Face." He is an authority on cephalometric roentgenography employing the Broadbent-Bolton instrument. This technic permits of a study of the same living individual over any interval of time, by insuring exactly comparable roentgenograms. It is the only accurate method of serially studying an individual to note changes induced by growth, orthodontic treatment, and prosthetic restorations.

FINDINGS

The purpose of Dr. Thompson's essay is to indicate the importance of the rest position of the mandible in present day dental practice. Evidence of its constancy and stability in the individual will be furnished under a few headings, such as: Growth, Orthodontic Treatment and Edentulous Adults. Roentgenographic records of growing individuals over an eight year period show no change in facial proportions while records taken before, during, and after orthodontic treatment reveal little variation in the position of the mandible. Serial roent-

(Continued on page 23)

Dental Health Week to Stress Physical Fitness

Druggists Urged to Cooperate in Drive for Dental Health

The fact that dental disease is directly or indirectly one of the chief causes of lost man hours in war industries at a time when industrial efficiency is essential to the war effort will be emphasized during Dental Health Week, which has been proclaimed to be April 2-7 by Mayor Edward J. Kelly as well as Cook and Lake County officials. Dr. Glenn E. Cartwright, chairman of the Committee on Dental Health Education of the Chicago Dental Society which is directing the week, states that every available means will be used to bring to the attention of Chicagoland the important message that "healthy teeth are essential to physical fitness and efficiency." The radio, spot news releases to the press, and the newspaper advertising space of various interested businesses will be included in publicity media.

DRUGGIST COOPERATION

The druggists of the city have been urged to make special dental product displays during the week to stress the part they are playing in the dental health picture. Close cooperation between dentists and pharmacists is mutually beneficial for they have much in common. The dental schools of today emphasize the relationship of physiology, bacteriology, biochemistry and other basic sciences to the treatment of dental disease. The study of the action and uses of drugs occupies a fair proportion of the dental curriculum.

DENTISTS PRESCRIBE

Many newspaper readers picked up their favorite publication recently and read:

"The OPA has ruled dentists are now permitted to prescribe additional amounts of rationed foods for patients requiring special diets, the American

Dental Association announced today in its Mid-Monthly Journal."

Previously that type of prescription had been limited to practitioners of medicine, yet many newspaper readers were unaware that dentists could prescribe at all.

The dentist is a frequent prescription writer as there are many drugs and pharmaceutical preparations employed in dental practice. Some of these preparations the dentist uses in his office and others he prescribes for his patient's home use.

Cooperation between the dentist and the druggist can do much toward weeding out empirically manufactured and dishonestly advertised dentifrices, mouth washes and so-called pain relievers. The Council on Dental Therapeutics of the American Dental Association is constantly on guard against harmful dental products and the 60,000 members of the A.D.A. are continuously informed on the Council's findings. Through personal interview with dentists the pharmacist can learn the type of tooth brush and tooth paste or powder the dentist recommends. By taking these recommendations into consideration when he stocks these items, the turnover can be increased. The pharmacist may also serve his patrons more intelligently if he can explain the action of the various tooth pastes and powders when inquiry is made.

POSTERS

A very attractive colored poster with an important dental health message has been designed for this week. It will be widely distributed in schools, industrial plants, public offices, etc.

Any Chicago Dental Society member who so desires may obtain copies of this poster by telephoning the central office, State 7925.

Silicate Cements*

GEORGE C. PAFFENBARGER, Comdr. DC., USNR**

The author reviews many of the problems that confront the dentist in placing silicate restorations including Mouth and Cavity Toilet, Mixing Technic, Insertion and Care of Filling, Strength, and Properties. He has done this in question and answer form which makes a comprehensive discussion.

HISTORY

Question: Who originated silicate cements?

Answer: The first serious attempt to produce and market a silicate cement is credited to the Englishman, Fletcher, who in 1878, discovered and patented a cement of this type. This cement was not satisfactory. It appears that no concerted effort was made to perfect a silicate cement until about 25 years later, when the German chemist, Steenbock, developed one which was marketed in 1904 by a German dentist, Ascher, under the name "artificial enamel." Several other cements soon appeared.

COMPOSITION

Question: What is the chemical composition of the powder and the liquid?

Answer: The powder consists of powdered glass containing about 40 per cent silica, 30 per cent alumina, 10 per cent lime and 20 per cent flux such as sodium carbonate or cryolite.

The liquid contains about 50 per cent of phosphoric acid, 40 per cent water and about 10 per cent of aluminum and zinc salts.

SELECTION

Question: What brand of cement should be used and why?

Answer: The answer is simple. Turn to page 96 of the January 1945 issue of

the *Journal of the American Dental Association*. There, listed, are seven silicate cements: Ames Plastic Porcelain, Astralit, Baker's Plastic Porcelain, DeTrey's Synthetic Porcelain, Durodent Enamel, Smith's Certified Enamel, and S. S. White Filling Porcelain, Improved. These cements are certified by their respective manufacturers as complying with the American Dental Association Specification No. 9 for Silicate Cements. These cements were procured on the open market by the Research Commission of the American Dental Association through practicing dentists. They were tested by the A.D.A. Research Associates stationed at the National Bureau of Standards, and by Government scientists on the staff of that Bureau, to determine if they actually did comply with the A.D.A. specification as the manufacturer so guaranteed.

Question: What is the A. D. A. Specification for Silicate Cements? What is its significance?

Answer: The American Dental Association Specification No. 9 for Dental Silicate Cements defines a satisfactory cement by means of physical and chemical requirements. Cements which will comply with these requirements have relatively low solubilities, have high strengths, have a proper opacity, have no more than two parts of arsenic in 1,000,000 parts of cement, and have a proper setting time. Such a cement represents the best that can be produced commercially.

Question: What precautions should be taken in caring for the powder and the liquid?

*Read before the Chicago Dental Society on January 16, 1945.

**The opinions or assertions contained herein are the private ones of the writer and not to be construed as official or reflecting the views of the Navy Department or the naval service at large.

Answer: Did you ever have a cement set properly when you first purchased it, only later to find that it would not set at all or at least very slowly? Almost all dentists have and the reason for this? The stopper was left out of the bottle of liquid, so that some water evaporated from it into the dry air. The result is a slow setting cement. Keep the stopper in the bottle of liquid!

Did you ever have a cement set properly when you first bought it; then later set so rapidly that it was difficult to use? The stopper was left out of the bottle of liquid and some water from the moist air was absorbed by the liquid, and the result was a fast setting cement. Keep the stopper in the bottle of liquid!

The water content of the liquid is correct when it leaves the manufacturer. Keep it so! The water content of the liquid is an important factor in the control of setting time.

Did you ever have a cement which had a proper color, when you first bought it, later develop a grayish cast? The stopper may have been left out of the bottle of powder and a little soot came in or the excess powder left on the slab was put back into the bottle along with some dirt from the air. It only takes one part of soot in 100,000 parts of cement powder to make a change in color which is detectable. Keep the stopper in the powder bottle!

MOUTH AND CAVITY TOILET

Question: Is it necessary to use a rubber dam or will cotton rolls suffice in the insertion of a silicate cement restoration?

Answer: Any material which will keep the saliva away from the cement while it is setting and before the protective coating has been applied is satisfactory. If saliva comes in contact with a silicate cement restoration before it has hardened, irreparable damage will be done.

Question: Should a cavity lining be used?

Answer: Yes, always with any cement regardless of advertising "ballyhoo." Why? Because the cements are very acid in character when first inserted and should, therefore, not be placed against raw dentine. Furthermore, it has been demonstrated histologically, that irritation of the pulp is much less severe under cement fillings when a cavity lining is used.

Question: Is it proper to desiccate a cavity with alcohol prior to the insertion of the silicate cement?

Answer: No, it is very improper. Dry dentine will absorb the liquid in a plastic cement mass like a blotter absorbs ink. To dry out dentine is to facilitate pulp irritation.

STRENGTH

Question: How strong is a silicate cement?

Answer: It is a little weaker than dentine, about twice as strong as zinc phosphate cement, and almost 50 per cent as strong as amalgam. Besides strength, brittleness must be considered. Almost everyone knows that the cements are much more brittle than the metals and alloys which are in general dental use. Therefore, the silicate cements cannot be successfully used in places where they will be subjected to severe incisal or occlusal stress.

MIXING TECHNIC

Question: What is a good mixing technic?

Answer: A good technic is one by which a maximum amount of powder can be incorporated into a given amount of liquid to make a mix of workable consistency. In order to do this, the temperature of the mixing slab and the time of mixing must be controlled.

Question: How thick should a silicate cement be mixed?

Answer: Just as thick as it can be mixed and yet be workable. How thick is that? It should be a heavy putty-like mix.

Question: How should the powder and liquid be proportioned?

Answer: The powder can be weighed on a small portable gold balance. The liquid can be measured with a small Luer tuberculin syringe of $\frac{1}{2}$ -cc capacity. One-tenth of a cc of liquid will require about 0.4 gram of powder of White's, DeTrey's, Astralit, and Durodent, and about 0.3 gram of powder of Baker's and Smith's.

Question: How cool should the mixing slab be?

Answer: The reaction between the powder and liquid on the slab is a chemical one. Hence, the rate of this reaction is governed by the temperature of the slab on which the cement is mixed. The hotter the slab, the faster the reaction, and the less powder that can be worked into the mix. The slab should be cooled to just below the dewpoint temperature, that is, just below the temperature where water will condense on the slab. For instance, if the slab sweats at 70° F., it will be necessary to mix at a higher temperature. In this case, the slab should be wiped off as it warms up until no sweating occurs. It is then at the lowest temperature which can be used.

Question: What happens if the mix is made on a hot slab?

Answer: Less powder can be incorporated into the mix. In fact, for every degree Fahrenheit above 70 , one per cent less powder can be incorporated, that is, at the same consistency of mix.

Question: Are there any silicate cements which do not require a cool slab for proper mixing?

Answer: The answer is no, not one.

There have been advertisements to the contrary, but the answer is still no, not one.

Question: What influence has the temperature and humidity of the mixing environment upon the properties of the cement?

Answer: The temperature at which the mix is made governs the amount of powder that can be incorporated into a given amount of liquid; the more powder, the better the restoration. Different cements require different amounts of powder. For example, if DeTrey's Synthetic Porcelain is being used, 0.4 grams of powder can be incorporated into one tenth of a cc of liquid at a slab temperature of 70° F. But at 95° F. only 0.34 gram of powder can be used in $1/10$ -cc of liquid. This mix made at 95° F. will be weaker, more soluble and will shrink more than the mix made at 70° F. Mix on a cool slab!

Humidity does not have a significant effect if the cement is mixed immediately after the liquid is deposited upon the slab. If the liquid is allowed to lay upon the slab, it may either give off or take on water, depending upon the relative humidity of the atmosphere.

The temperature and humidity of the mixing environment may, if not properly considered or controlled, cause a lower powder-liquid ratio in the mix and as was previously explained, the highest powder-liquid ratio that can be attained is desirable.

Question: What effect has the powder-liquid ratio upon the cement mix?

Answer: Let it again be stressed, the more powder that can be incorporated into a given amount of liquid and still have a workable consistency, the better the restoration.

When a mix of cement is made, the powder does not dissolve in the liquid. Only the surface of the powder is attacked by the liquid. Here is a test tube of cement liquid on the surface of which

there floats a tiny particle of cement powder. This shows that the powder does not readily dissolve in the liquid. When a piece of hardened cement is examined under a microscope it presents a picture similar to that of concrete. In a concrete mixture the pebbles or sand are held together with a matrix of cement. In the silicate cement the unused portions of the powder particles are bound together by a matrix.

In a mix of good consistency, having a proper powder-liquid ratio, the matrix is about 20 per cent of the mass, while the powder particles, like the pebbles in concrete, make up 80 per cent of the cement. In a thin mix there is less powder and more matrix than in a thick mix. It is this matrix which is the weak link of the silicate cement chain. The matrix is the soluble constituent, and thus, the more matrix, the more soluble the cement. A thin mix may be 30 per cent more soluble than a thick mix.

The matrix is the weak constituent, the more matrix, the weaker the cement. Thus, a thin mix may be 20 per cent weaker than a thick mix.

The matrix is the shrinking constituent, and the more the matrix, the more the shrinkage. A thin mix may shrink twice as much as a thick mix.

The matrix is the part that stains; that is penetrable by fluids. In fact, when you point your finger at the matrix you point your finger at that part of a silicate cement which is responsible for its weaknesses.

Question: How long should a silicate cement be mixed?

Answer: The binder or matrix of a silicate cement is a colloidal material, a gel. When a gel begins to set it should not be disturbed because, if it is broken up, the pieces will not unite or coalesce any more than gelatine will again unite after it has been broken into pieces. To mix too long means that the silica gel is broken up as fast as it forms and the result is a slow setting, weak, and unsatisfactory restoration.

Never mix for over a minute. A min-

ute should be the maximum. Thirty seconds is better. If the powder is weighed and the liquid proportioned, a known consistency will be the result. Thus, all of the powder can be brought into the liquid at the first swoop of the spatula and a homogeneous mix can be made in thirty seconds.

STRUCTURE

Question: What are the component parts of a set silicate cement?

Answer: Silicate cement consists of unused particles of powder bound together by a gel-like matrix material as pointed out in the preceding answer.

Question: What is the matrix?

Answer: The matrix formed by the reaction between the surface of the powder particles and liquid is the material that binds the powder particles together. This chemical reaction between the powder and liquid is undoubtedly very complex. X-ray analysis shows that the matrix is not crystalline and is probably amorphous. It is thought to be essentially silicic acid gel—a material in the colloidal state.

Silicic acid gel can be easily formed by treating a solution of sodium silicate (water glass) with an acid. The more water that is eliminated from the gel the harder it will be. If all of the water is eliminated, colloidal silica (SiO_2) will be left. Agate is an example of such a material. When the phosphoric acid in the cement liquid attacks the cement powder there is good reason to believe that colloidal silicic acid is formed.

Question: Is the silicate cement matrix penetrated by liquids or chemicals?

Answer: If a small amount of gold chloride is placed in silica gel and a reducing agent such as oxalic acid is placed on top of the gel a peculiar striated precipitation of metallic gold occurs in zones of the gel (Liesegang rings). This long-observed phenomenon shows that both the gold chloride and

the oxalic acid circulated or rather migrated in the gel and that the gel is penetrable. Thus, the matrix of silicate cement is permeable.

INSERTION AND CARE OF FILLING

Question: How long should the celluloid matrix strip be held in position?

Answer: To move or disturb the filling while it is setting or hardening has the same effect as prolonged mixing, that is, the continuity is broken and once the silica gel is broken it will not heal. Therefore, the celluloid strip should be held in position until the cement sets.

Every silicate cement mix has a considerable quantity of air in it. This cannot be avoided unless the cement is mixed in a vacuum. When the celluloid strip is tightened and made taut against the filling, the small bubbles of air in it are condensed and considerably reduced in size. If the matrix is released before the cement has set, the air bubbles will resume their normal size and in so doing will fracture the weak unhardened matrix. The result will be a series of fine cracks throughout the restoration.

Question: What is the effect of prematurely exposing a silicate cement filling to water and to air?

Answer: Phosphoric acid, the principal constituent of the cement liquid, is, of course, present in the unset cement. Since phosphoric acid has a great affinity for water so does the unset cement. If water comes on a silicate cement filling before the cement has set the cement is irreparably damaged. The water in the saliva combines with the phosphoric acid in the unset cement and leaves the surface of the cement soft, porous and chalky.

Exposure to air results in the loss of water. Shrinkage and checking follow. Even when a cement is fully set it should not be exposed to air for any length

of time as the silica acid gel, which is the binder or the matrix, will lose water and thereby shrink.

A cement of the silicate type will always be injured if exposed to air. Such statements that this cement or that cement "does not check, crack, or become chalky, either when wet or dry" are only examples of the imagination of the advertising department.

Question: What is the purpose of the varnish or wax coating on a filling?

Answer: If a cement has been made and properly mixed it will have the right amount of water in it. If any of this normal water content is lost or if additional water is added through a surface contact, the filling will not be as satisfactory as it should be. The varnish coating, then, does two things. It keeps the water in and it keeps additional water out and thus assures a protection for the cement during its critical state of hardening.

Question: Why do silicate cements fail rapidly in a mouth breather?

Answer: A silicate cement after it has hardened properly must be continuously submerged in water or saliva. Otherwise, it will loose water; the silica acid gel, the matrix, will lose water. The cement, as a result of this water loss, becomes opaque, cracked and shrunken. Then it will stain easier than normal. When the filling is again moistened it will expand but will not expand as much as it formerly shrank. Is it any wonder that silicate cements are very unsatisfactory in mouth breathers?

Question: Can the silicate cements be polished?

Answer: When the celluloid strip is removed the surface of the restoration will be at the highest polish possible. The use of abrasives will not produce as high a polish as the celluloid strip did. As was before pointed out, the

hardened cement consists of the original particles of powder embedded in a matrix. The powder particles are hard and glass-like. The matrix is relatively soft. When the abrasive wheel or strip scrapes across the surface of the restoration the hard particles are dislodged from the soft matrix and the satin-like surface results. These little particles when dislodged leave small craters in the matrix making it impossible to have a plane or even surface. Do not fill the cavity to great excess. Attempt to judge the amount of cement needed to actually fill the cavity. Try to reduce the finishing to a minimum.

Question: How soon should a silicate cement be finished?

Answer: No sooner than twenty-four hours, preferably a week, because the cement continues to set and grow stronger, which shows that the reaction is still going on in the cement. It is best to leave the surface undisturbed for a time so that the final surface which is to be exposed to saliva will be through reacting.

Question: How long does the average silicate last?

Answer: The late Arthur D. Black believed that the average life of a silicate was about two years. Opinions of a large body of representative practitioners obtained through questionnaires gave the average silicate a three to five year life. Many last for a long period.

PROPERTIES

Question: Do any of the silicate cements expand during setting?

Answer: If saliva or water touches a surface of silicate cement restoration before it has set properly there will be a surface expansion of the cement. Some cements show this to a much greater degree than others. This expansion however is obtained at a sacrifice

of other important properties as was previously shown. The premature contact with saliva will cause a rough, porous, soft, and opaque surface. This is the picture of a so-called expanding cement.

All silicate cements shrink. The amount of shrinkage depends upon many factors, such as the size and shape of the filling and the time at which water or saliva comes in contact with the filling.

Question: How hard is a silicate cement in comparison with amalgam, gold alloy, enamel, porcelain teeth, and other materials?

Answer:

Material	Hardness
	Average kg/mm ²
Zinc phosphate cements	35
Dentine	55
Silicate cements	60
Amalgam	100
Hard gold alloy	180
Enamel	200-300
Porcelain tooth	420
Steel ball bearing	670

All of these data were obtained on the Knoop Hardness Tester by the indentation method.

Question: How acid are the silicate cements?

Answer: They are very acid when first placed in the cavity. In this plastic state they have about the same acidity as lemon juice. About twenty-four hours later this acidity approaches that of distilled water which has been exposed to the air of a room for a short time. The time that the real damage occurs to a pulp from the acidity is probably soon after the insertion of a filling and not over a long period of time, especially if a pulp protecting intermediary is used. The major injury probably occurs when the raw cement is placed on dried and unprotected dentine.

Question: How opaque are enamel, dentine, and the silicate cements?

Answer: Enamel is about 40 per cent opaque on the average. This means in a specimen of enamel one mm thick only 40 per cent of the light would be stopped, and that 60 per cent would be transmitted through the specimen. Dentine is much more opaque on the average and will stop about 70 per cent of the light from traveling through it. The opacity of silicate cements range from about 25 per cent to 80 per cent. The specification of the A.D.A. for silicate cements requires that the opacity of the cement shall be between 35 per cent and 55 per cent at the end of one week.

Question: What causes the cements to discolor?

Answer: Impurities such as lead or copper in the cements will cause darkening. Mixes having an excess of liquid make cements with a larger amount of matrix than necessary. These cements tend to discolor more.

Question: How much arsenic do the cements contain? Is it in the liquid or the powder? Does it migrate?

Answer: All of the cements contain arsenic in very minute amounts. The cements on the list of certified products do not contain more than two parts of arsenic in 1,000,000 parts of set cement.

The arsenic is present in both the powder and liquid but the water soluble and probably the potent form is present chiefly in the liquid.

You will recall how both the gold chloride and the oxalic acid would migrate in the silica gel. Since silica gel seems to be the principal part of the cement matrix, is there any reason why arsenic will not migrate in a cement filling?

The specification, as now drawn, requires the cements to be as free of arsenic as commercial production can make them. There is no excuse for a manufacturer not using the highest quality materials available. In 1938 some evidently were using U.S.P. quality phosphoric acid. This may contain as much as 0.001 of one per cent arsenic, that is ten parts of arsenic per 1,000,000 parts of phosphoric acid. This grade of acid sold for thirty-eight cents a pound. During the investigation of the silicate cements at the National Bureau of Standards these firms began to use reagent quality (A.C.S.) phosphoric acid which contains at a maximum, no more than two parts of arsenic per 1,000,000. The cost of this grade of acid is sixty cents a pound. The change in use to higher grades of phosphoric acid was the direct result of the intervention of the A.D.A. Research Commission.

As the silicate cements contain no more arsenic than the zinc phosphate cements it would be rather hazardous to assume that arsenic is a factor in producing death of the pulp.

NEWS AND ANNOUNCEMENTS

BOARD OF DIRECTORS TO RECOMMEND INCREASE IN DUES

The Finance Committee of the Board of Directors of the Chicago Dental Society has made an analysis of the Society's financial status and has recommended that the annual dues for membership in the Chicago Dental Society be increased from \$5.00 to \$15.00. Chairman Robert J. Wells in his report pointed out that in the past the major portion of the Society's income has been derived from commercial sources and that, if the Society is to be placed on a self-supporting basis, a decided increase in dues is necessary.

The Board of Directors, after considerable discussion, unanimously approved the recommendation of the Finance Committee and directed that the proposed increase be presented to the members at the April monthly meeting and that it be voted upon at the May meeting. The proposed increase would make the total dues \$27.00 paid by the members of the Chicago Dental Society, \$6.00 being apportioned to the American Dental Association and \$6.00 to the Illinois State Dental Society.

DR. SCHOUR ON MISSION TO ITALY

A medical unit has been organized to study health conditions in war stricken areas of Italy. It will be ready for action in a few months and is provided with funds from the Congregational Christian and Unitarian churches, the first privately financed American mission. Dr. Elmer L. Sevringhaus, professor of medicine at the University of Wisconsin, has disclosed that the two denominations have allocated \$100,000 for the unit and have promised additional funds when needed. The unit includes eight physicians, one dentist, two laboratory technicians, one dietitian and two executive

officers. Dr. Isaac Schour, member of the Chicago Dental Society and professor of histology at the University of Illinois College of Dentistry, has accepted the invitation to be the dentist in the group.

The purpose of the mission will be to study the control of epidemics among undernourished people, as well as diseases of underfed children.

WAR PRODUCTION BOARD AIDS MANUFACTURE OF DENTAL BURS

The Office of Production Research and Development of the War Production Board has chalked up a record of technical accomplishments in the medical field. Among its efforts has been its assistance in the development of a new and faster machine for manufacturing dental burs. This machine was developed by an industrial concern under OPRD sponsorship. Other efforts of this office have been its assistance in the production of penicillin, the synthesis of quinidine and the building of DDT insecticide plants. It is estimated that it has advanced the plant program of penicillin production about three months and has been instrumental in the development of three new strains of penicillin mold which are capable of producing two to three times as much penicillin as those originally used.

STATUS OF UNDERAGE DENTAL GRADUATES

The accelerated academic programs for dental education in the Navy V-12 Program is producing a limited number of graduates who will have completed their training in the dental schools prior to their having attained the age of 21. The laws of practically all states require that applicants for licenses to practice dentistry must be 21 years of age. The

NEWS AND ANNOUNCEMENTS

Navy desires that such a requirement be maintained by its medical department. The status of these graduates in regard to their military service has been clarified recently by Bulletin No. 273 issued from the Bureau of Naval Personnel, Washington, D. C.

It states that if the dental student has completed his professional academic training before he attains the age of 21, he will be commissioned as Ensign H (P) (probationary) on graduation and will be assigned to active duty under the cognizance of the Bureau of Medicine and Surgery or, at his request, he may be relieved from active duty status until he has reached the age of 21. Such ensigns H (P) will be assigned to active duty in the Navy and will be utilized in laboratory work or other duties not involving actual dental treatment until the age of 21 is reached, at which time they will be eligible for appointments as Lieutenants (jg).

RINGWORM INFECTION PREVALENT IN CHICAGO AREA

The Chicago Board of Health is conducting a survey to determine the number of children in Chicago who have a ringworm infection of the scalp. Indications are that among children of all ages up to 14 the condition seems to be reaching epidemic proportions, and that the disease has affected six times as many boys as girls. Dr. Herman N. Bundesen, president of the Chicago Board of Health, has stated that the spread of the disease is apparently associated with factors related to the war, such as overcrowding, increased travel and neglect resulting from increased employment and responsibilities of parents. In other communities including New York, St. Louis, Flint, Michigan, and Pittsburgh the following suggestions have been made to combat the spread of the infection:

Routine examination of the scalp of all children, by using a special type of light which makes the disorder at once apparent; insistence on the wearing of a protective paper or cloth cap by the children infected until cured; avoidance of exposure, particularly of the back of the head, to the backs of seats much used by other children, as in all places of public assemblage; efficient medical treatment of every infected child until pronounced free from infection.

Dentists are requested to be on the lookout for this infection and to guard against its spread through headrest contamination.

AMERICANS CONTRIBUTE \$23,000,000 TO RUSSIAN WAR RELIEF

Almost \$23,000,000 in cash and goods was contributed by the American people to the Russian War Relief during 1944. This amount makes a total of \$46,246,240 received by the agency since its inception a little more than three years ago. Eugene D. Kisselev, Soviet consul general, has expressed the appreciation of his government and people for American aid.

NEW YORK INSTITUTE PRESENTS SYMPOSIUM ON ANTIBIOTICS

The New York Institute of Clinical Oral Pathology will hold its one-hundredth monthly conference at the New York Academy of Medicine on Monday evening, April 30, 1945. The subject of the meeting will be "A Survey of the Antibiotic Problem." This will be discussed by members of the medical and dental professions both from the theoretical and clinical standpoints.

Included in the symposium will be a discussion of *The Treatment of Acute and Chronic Infections of the Jaws with*

Antibiotics by Leo Stern; *Evaluation of Antibiotic Agents for Root Canal Treatment* by Louis I. Grossman and *Treatment of Ulcerative Stomatitis* by Alvin E. Strock.

Members of the medical, dental, public health, and other professional groups are cordially invited. For further information address all communications to the Executive Secretary, 101 East 79th Street, New York 21.

THIRTY-NINE MILLION AMERICANS UNDER SOCIAL SECURITY INSURANCE

It has been announced that more than 39,000,000 American men and women have entered 1945 with insured status in the old age and survivors insurance program of the Social Security Act. Monthly benefit payments during the last year were awarded 324,000 new applicants, and lump sum benefit payments were made to 208,000 survivors of insured workers who left no one immediately entitled to monthly benefits. Estimated totals given for 1944 were \$196,100,000 in monthly benefits and \$22,400,000 in lump sums.

PAPER SHORTAGE DELAYS PUBLICATION OF DENTAL PICTORIAL

Information has just been received that another ten per cent cut in paper is contemplated and may become effective in the second quarter of this year. In view of this contemplated cut, it would be inadvisable to launch *Dental Pictorial* at this time as by so doing the American Dental Association would jeopardize its quota of paper for *The Journal of the American Dental Association*.

Our informant states: "Administrators . . . are convinced that a ten per cent cut cannot be avoided for the second quarter. There is no evidence of any improvement in the pulp and paper supply situation, and the fact is further

aggravated by the request of the Foreign Economic Administration for an allocation of paper to be shipped to the liberated countries."

In view of this critical shortage, the American Dental Association's Board of Trustees has decided to postpone publishing a dental magazine for the laity until the paper situation eases up.

The Bureau of Public Relations and its advisory committee again wishes to thank original subscribers for their cooperation and continued patience.

DENTISTRY ON THE AIR

On Friday, April 13, 1945, over the Blue Network (New York Radio Station WJZ), Captain C. Raymond Wells, DC USNR, Chief of the Dental Section of the Selective Service System, and Past President of the American Dental Association, will speak on the subject of Dentistry in World War II.

This radio feature is listed as "The Doctors Talk it Over" and is a regular weekly feature program sponsored by the Lederle Laboratories.

Please check with your local station regarding time of program.

GINGIVITIS FOLLOWING USE OF IPANA

The Council on Dental Therapeutics has reported as follows in the J.A.D.A., 32:353, March 1, 1945:

"A number of cases of gingivitis following the use of Ipana Tooth Paste has been reported to the Council on Dental Therapeutics of the American Dental Association which recently issued a report indicating that the difficulties arose from unannounced changes in the composition of the tooth paste. Ipana Tooth Paste is not accepted by the Council on Dental Therapeutics which requires that accepted dentifrices be of known composition and that all changes of formulae be announced before the product is marketed. The Federal Food and Drug Administration also revealed that its

(Continued on page 23)

EDITORIAL

INCREASE IN DUES PROPOSED

The Board of Directors of the Chicago Dental Society have decided unanimously to recommend that the dues for membership in the local society be increased from the present \$5.00 to \$15.00 per year. This proposal will be presented to the members soon for their consideration. But before this action is taken the members should be informed fully as to why such an increase is advisable.

Some of the questions that will need to be answered are: Why should the Chicago Dental Society suddenly find it necessary to triple its annual dues? Has not the Chicago Dental Society obtained an enviable position in dental affairs with the lowest income from dues of any large dental organization? If the cancellation of the Midwinter Meeting has curtailed the Society's income, why not use the reserve fund which has been developed for such emergencies? When Midwinter Meetings are resumed will the Society need the additional revenue and, if so, how will it be utilized constructively? Is the dental society now providing \$5.00 worth of service to its members without requesting an additional \$10.00, in other words what is organized dentistry doing for its constituents?

There are sound, logical answers for these questions and, if the members will watch the pages of *THE FORTNIGHTLY REVIEW* for explanations from the officers, the majority will be convinced that the Society has been depending too much on extraneous revenue, and that it has not fully developed its potentialities for serving dentistry and the public for want of sufficient and assured income. Only twenty-five per cent of the annual budget has been secured from dues, seventy-five per cent has been obtained from commercial sources including the sale of exhibit and advertising space. Analysis has shown that the amount received from dues alone is not sufficient to maintain the central office expenses including the salaries of the employees. Our present dues of \$5.00 are niggardly when compared with the local dues paid in other metropolitan areas such as Los Angeles, \$27.00; New York First District, \$23.00; New York Second District, \$25.00; District of Columbia, \$20.00; Akron, Ohio, \$40.00; Lorraine, Ohio, \$21.00.

Some members have leveled criticism at the Midwinter Meeting because each year it gets so much time and attention. They feel it usurps the interest of the Society to the ultimate detriment of our professional progress. If this be true, the reason is obvious, what produces the bulk of our revenue deserves major attention.

We favor an increase in dues because it will make the Society self-sustaining, and because of the opportunities it will provide for the development of worthwhile activities. We favor an increase because we can contemplate the benefits that will accrue from vigorous, well supported endeavors such as the programs of the Committee on Dental Health Education, the Legislative and Law Enforcement Committee, and from larger financial allotments to the branch societies.—*R. G. Kesel.*

A.D.A. Trustees and Council on Dental Education State Position Regarding Race Quota

The Board of Trustees of the American Dental Association at its meeting in Chicago on February 10 issued a statement in answer to charges that the American Dental Association was advocating a racial and religious quota for the selection of dental students. The allegations arose from a report published by the Council on Dental Education. The Council also has publicly stated its attitude in this matter. Both statements follow.

BOARD OF TRUSTEES

The Board of Trustees of the American Dental Association is not authorized to speak for the American Dental Association, as that authority rests with the House of Delegates, which is not in session at this time.

The Board of Trustees is of the opinion that the members of the Dental Profession, and the Association, are opposed to a quota system which will discriminate against students on the basis of race, religion, or on the basis of origin, and indicate their adherence to the American principle that all men, regardless of race, creed or color are entitled to equal opportunity, and that their fitness to practice Dentistry shall be determined solely by their capacities and attainments.

COUNCIL STATEMENT

The Council on Dental Education deeply regrets that controversy has arisen over any of its reports and wishes to make an unequivocal statement of its position in the interests of a common understanding of the issues involved.

1. The Council on Dental Education holds that every American boy or girl, native or foreign born, who has the character, ability, aptitude and professional interest has the right to seek a dental education without any qualifica-

tions whatever based on race or creed.

2. The Council on Dental Education has not suggested in the past and will not countenance in the future the establishment of any quotas for dental schools based on race or creed.

3. The Council on Dental Education does wish, however, to call attention to a problem in this connection that does have a direct and important bearing on dental health for the American people. There is now a well recognized shortage of dentists when compared to the potential need among the population for dental care. Such a shortage cannot be met in the interests of better dental health other than by the admission of all qualified applicants into the dental schools of the country. The Council has adhered to this policy since its inception in 1937.

Many counties in the country are without dentists or without sufficient personnel to provide even rudimentary types of dental care. This situation, the Council holds, is not in the best interests of the health of the country. It is, therefore, the official policy of the Council not to restrict the entrance of qualified students in any part of the country but rather to encourage the neglected and undermanned areas to assume their responsibilities to dental health. This can best be done by aiding such areas in sending qualified students to dental schools in the hope that they will return to these areas for the practice of dentistry.

The record of the Council on Dental Education shows its continuing interest in the improvement of dental education in this country. Such improvements will not be served, in the opinion of the Council, by the selection of students on the basis of race or creed. The Council on Dental Education completely disavows such a motive on its own part or on the part of its employees. The Council has made a substantial contribution to

the war effort by aiding the program to secure more dentists for the armed forces. The Council deplors any statements which would imply that it favors any program that would impair the permanent values for which this war is being fought. Signed—Roy O. Elam, Wilbert Jackson, John G. Hildebrand, William N. Hodgkin, Bert L. Hooper, John T. O'Rourke, M. Webster Prince, J. Ben Robinson, Minor J. Terry.

PRESIDENT SCHERER

The President of the American Dental Association, Walter H. Scherer, has made the following statement:

"My attention has been called to items which have appeared within the past few days relative to an article attributed to Dr. Harlan H. Horner, secretary of the Council on Dental Education of the American Dental Association.

"Dr. Horner's alleged statements, particularly those referring to the student quota in the dental schools throughout the country, were made without the knowledge or sanction of the governing body of the American Dental Association and therefore are not an expression of the views of this Association."

LETTERS

Editor's Note: A number of letters have been received in response to an editorial in THE FORTNIGHTLY REVIEW on this subject. Representative letters are published below which we judge express the attitude of the members of organized dentistry in regard to discrimination.

February 27, 1945

Dear Dr. Kesel:

I have read with interest your editorial in THE FORTNIGHTLY REVIEW which I feel certain expresses the opinion not only of the A.D.A. but that of the entire dental profession.

There is no place in this country for discrimination against any group who possess the qualifications for admission to our dental schools.

Please accept my congratulations on the sensible way you have expressed these sentiments in your editorial.

Sincerely yours,

Arthur H. Merritt
580 Fifth Avenue
New York 19

March 1, 1945

Dear Dr. Kesel:

I wish to take this opportunity of congratulating you on your editorial, "Discrimination Is Not the Way," published in the February 15 issue of THE FORTNIGHTLY REVIEW of the Chicago Dental Society.

You have set a new high in editorial leadership and responsibility in speaking out the conscience and conviction of the dental profession that the selection of dental students should be based on their qualifications and merit regardless of their race, color or religion.

Sincerely yours,

Isaac Schour
808 South Wood Street
Chicago 12

February 26, 1945

My Dear Dr. Kesel:

The purpose of this letter is to comment on your editorial published in the February 15, 1945, issue of THE FORTNIGHTLY REVIEW.

Having just returned to civilian life after serving twenty-eight months in the United States Army, it is indeed very gratifying to read such fine American ideas as you expressed.

It is needless for me to repeat that the purpose for the present war is to erase the barriers of intolerance. To think that such a situation may exist in our own profession is very discouraging to say the least.

Again many thanks and may you succeed in your efforts to create better understanding.

Sincerely,

Elmer T. Jaffe
185 North Wabash Avenue
Chicago 2

NEWS OF THE BRANCHES

KENWOOD-HYDE PARK

Hats off to Scotty Morange and his committee for bringing the following clinics to Kenwood. *Operative Dentistry*—Hollenback Type Amalgam Matrix, Jack Flanagan; Acrylic Jacket Crowns, Grover Schubert; Cementomechanical Anchorage for Gold Inlays in the Maintenance of Bridges, Abraham H. Tamarin; Full Mouth Restorations, Paul Edmand; A New Plastic Colloid for Inlay and Crown Impressions, W. Roy Eberle; Treatment of Root Canals, John Hoppers. *Oral Surgery*—Emergencies Used by the Oral Surgeon, M. W. Case; Penicillin and Sulfonamides in Oral Surgery, Edmund F. Foley, M. D.; Principles in Flap Operation as Applied in Extractions, Ralph N. Sappe; Surgical Preparation of the Mouth for Immediate Dentures, Cedric K. Dittmer. *Full Dentures*—Full Denture Balanced Occlusion—Practical Case, Lester Boyd; A New Approach to the Problem of Occlusion, J. M. Hirsch; Full Denture McGrane Technic—Practical Case, Ralph Libberton; Phonetics as a Guide to Ridge Position of Mandibular Teeth—Practical Case, Frank G. Young. *Caries and Gingivitis*—Prevention of Caries During Pregnancy, Joseph Eisenstaedt; Various Technics for Management of Gingivitis, Robert N. Tanis. *Orthodontia*—Facial Changes Attained from Orthodontic Treatment, Ben L. Herzberg. *Manufacturers*—Various Uses for Hydrocolloids and Roach Partial Dentures, Francis Moyer, Thomas J. Dee Co.; Matching Natural Tooth Shades with Preblended Synthetic Porcelain, Lynn Pratt, L. D. Caulk Co.; Amalgams and Cements, Robert Terry, S. S. White Co.; Removable Appliances—How to Accurately Gauge Retention, Robert W. Hall, J. M. Ney Co.; Principles of Selection and Articulation of Teeth, John A. Walters, Dentists' Supply Co. of New York.

The nominating committee under the direction of C. S. Carlson submits the following names to the members: President-elect, Robert Pinkerton; Vice-president, Jesse Carlton; Secretary, W. L. Spencer; Treasurer, Lawrence Johnson; Librarian, Grover Schubert; Director to the Chicago Dental Society from Kenwood-Hyde Park Branch, Elmer Ebert; Director to Kenwood-Hyde Park, Jack Flanagan. . . . *Don't forget to come across for the Red Cross.*—Sylvester W. Cotter, Branch Correspondent.

ENGLEWOOD

Sunday afternoon—sitting by the living room window—deadline tomorrow—going to a wedding tonight, which reminds me of a very kind thought. I was talking to Ray Van Dam a few days before his marriage, wishing him all the happiness in the world, hoping he would be as happy as I have been and wishing him a restful and pleasant trip to Florida. Gracious Van! "Thanks a lot, I wish all you Englewood fellows were going along with us." Gracious Van! . . . Along about this time of year one can always report that Tom McCarthy has gone to Hot Springs to take the baths. Not a peep this year . . . Saw Sam Gutwirth at the oculist in our building a few days ago. Sam never wanted to miss out on anything and doesn't plan to now. He told me that Clarence Black has had a sick spell and a hospital trip . . . Sincere congratulations to a friend and neighbor, Jack Thompson, for producing the prize winning essay in the Chicago Dental Society contest. . . . Just lately I extracted two bicuspid with the prettiest M O D inlay you ever saw. On questioning, the patient said Dr. Dillon, at Madison and Crawford, made them in 1927. That for the West Side. . . . Scotty Morange has just brought home a good sun tan from Florida. That for Kenwood . . . Lt.

Harold Wimp was in town wearing a star on his Pacific service bar. That was for his part in the initial invasion of Leyte. . . . See where Ed Warfield took part in the Lions Club benefit play for the Gardiner General Hospital.—*Webster Byrne, Assistant Branch Correspondent.*

P. S. Saw Rodney and Mrs. Marks at the wedding.

NORTH SIDE

The nominating committee, consisting of Roland Weber, chairman, Julius Ferm, Harold Oppice, Art Blim and August Swierczek have selected the following members for officers of our branch for the ensuing year: President, Z. D. Ford; Vice-president, Wm. P. Schoen, Jr.; Secretary, E. W. Luebke; Treasurer, George Olfson; Librarian, Clarence H. Peterson. Election and installation of the officers at the next regular meeting on April 2. . . . As you know the Red Cross drive is on and all dentists are urged to send their contributions to the Chicago Dental Society, 30 North Michigan Avenue, making checks payable to the American Red Cross. The committee is anxious to make a good showing for the society. . . . Lt. Commander C. M. Lachmann after service in the Pacific, has been returned to Chicago and now will be stationed in this area. . . . Had a letter recently from George Winoograd, somewhere in Europe. He has been promoted to the grade of lieutenant colonel. He sends his regards to all the boys, says *THE FORTNIGHTLY REVIEW* reaches him regularly and he thus keeps up with the news of the society. He also expresses the hope that ere long he can attend one of our meetings. . . . Ralph Wishneff has moved his office from Lawrence Avenue and is now located at 4753 Broadway. . . . Robert Heurlin is in Florida for a month. Marvin and Mrs. Ericson are spending two weeks in the vicinity of Hot Springs, Arkansas. . . . Bill Young and Al Young have returned home from Florida. Their presence at the bowling club lends en-

thusiasm to the other players and we are happy to have them with us again. Bill Corcoran's 269 for one frame is now the high score of the season. . . . Robins and bluebirds are returning to this area so we can polish up the golf clubs.—*Z. D. Ford, Branch Correspondent.*

NORTHWEST

Midnight curfew, higher ration points, shortage of fags and various other wartime restrictions are hard to take until a sober thought jolts the grumblers, such as the following from Quillen's Quips in *The Chicago Sun* "If one man is drafted to fight and die, no other man can have rights that would protect him from sacrifice." A volume of truth in that line. . . . Your Red Cross needs your contribution right now so give graciously to a very worthy cause. . . . Ben Davidson is in New York attending the National Officers Conference of Alpha Omega Fraternity. . . . Ed Kanser, now a civilian after service in the Army, has opened an office at Central and Diversey. . . . Capt. Sig Perlowski came in from Gulfport, Mississippi, to spend a few days with the home folks. . . . Lt. Henry Wroblewski, who is stationed at Kelly Field, Texas, also spent some time renewing friendships recently. . . . Plans for our Ladies' Night meeting are going ahead and although some difficulties have been encountered you can rest assured that our arrangements committee will stage a suitable event to write finis on the season's activities.—*Thad Olechowski, Branch Correspondent.*

NORTH SUBURBAN

Columnist Jim Keith sought well earned respite lately when he went to Greencastle, returning his daughter, Jean, to school (DePauw), thence on to Turkey Run for a few days. . . . Lt. C. Elmer Hill of Arlington Heights was at home on leave after nineteen months service in the Navy. He is assigned to the prosthetic laboratory at a post in Sampson, New York. . . . New officers

of the Northwest Study Club are George Carey, president, Le Roy Hedges, vice-president, Roger Williams, secretary and Norman Laird, treasurer. . . . An alert news scout saw Eddie Baumann's picture in a local newspaper recently. Eddie was elected president of the Arlington Heights Chamber of Commerce. He says that members of the North Suburban Branch may attend their July 4 celebration for free. . . . The Lake County Dental Society met February 12 at the Deerpath Inn in Lake Forest. The General Electric Company displayed a moving picture entitled "The History and Commercial Use of X-rays. . . . Pat Crowe's wife suffered a fractured ankle, the result of an unusual skiing accident. . . . Frank Trangmar spent a week in Wausau, Wisconsin, with his brother, busying himself with skating and shoveling snow. (All at once, Frank?) . . . A list of civilian prisoners recently released from a prison camp in Manila includes the name of George Robert Law, of Menominee, Michigan. He is the brother of Captain David B. Law, formerly of 636 Church Street, Evanston, and now with the Army Dental Corps near Paris, France. . . . Randall Wescott's son, Charles, has received the *Certificate of Merit* in recognition of conspicuous, meritorious and outstanding performance of military duty against the enemy in Belgium. The citation reads, "On 13 January 1945, Private Wescott, together with a small group of soldiers, by a display of courage and aggressiveness, captured a German held town and organized a successful defense in the face of enemy tank attack." A few days later Dr. Wescott was notified that his son had been killed in action.—*Waldo O. Urban, Branch Correspondent.*

WEST SIDE

On February 19 while Frank Murrin of 4010 West Madison Street was lunching, a fire started in his office. The flames were so intense they loosened the plaster and ruined the entire office equipment. Dr. Murrin is temporarily

occupying Sam Rakow's office . . . Dr. Rakow has been absent from his office since June 26, 1944. We hope his health will improve so that he can return to practice . . . E. P. Boulger left for a vacation on February 16 but was forced to return to the city because of ill health. . . . Nathan Addis' wife and children plan to join him soon in San Bruno, California . . . Following his release from service, Capt. Arthur Tessler is re-establishing his practice in the Walgreen Building at Madison and Crawford. . . . Joe Porto has been made contributing editor of *Xi Psi Phi Fraternity Quarterly* . . . Harold Leavitt is moving his office from Homan and Madison to the Madison-Kedzie Building . . . Results of the election of officers of the West Side branch will be announced in the next issue of *THE FORTNIGHTLY REVIEW* . . . George Vogt's wife and daughter are recovering from a recent illness . . . George Frost states that the members in our branch are responding generously to the Red Cross Drive. A check will be appreciated from those who have overlooked this appeal.—*Ernest Brogmus, Assistant Branch Correspondent.*

WEST SUBURBAN

Some time ago the Chicago Dental Society sent a letter to all of its members asking them to make their Red Cross contribution through the Society. We trust that everyone has read this letter, and that they will help the Chicago Dental Society make its quota. The following West Suburban members are taking part in this drive: E. L. Irish and Howard J. Buchner, co-chairmen; Albert R. Bunta, Bruce W. Bush, Donald C. Crook, V. E. Cultra, E. L. Dunn, W. K. Frakes, Fred W. Hawkins, A. C. Kuncel, Mark H. Low, D. C. Neymark, Bernhard J. Siegrist, Henry A. Stasinski, David J. Thompson, Joseph F. Voita and Walter G. Wicklund.—*Frederick W. Schultz, Assistant Branch Correspondent.*

NEWS AND ANNOUNCEMENTS

(Continued from page 16)

attention had been called to the gingival irritation produced by Ipana.

"The report of the Council on Dental Therapeutics was issued after the receipt of complaints which were similar in content to one that said that 'it has been found that many cases of painful irritation of the mucous membrane of the lip and labial surface of the gingivae have resulted from the use of Ipana Tooth Paste. This inflammation subsides immediately on discontinuing the use of this product.'

"The Federal Food and Drug Administration, on receiving similar complaints, stated that it had made an 'extensive investigation and found from the firm's records that during a part of 1943, because of the shortage of glycerin, the percentage of this ingredient was cut approximately in half. Our investigations did not demonstrate the cause of the irritant action other than that it was probably related to the alteration of the percentage of glycerin. The samples submitted by the Council (on Dental Therapeutics) as well as others, produced irritation of the oral mucosa on animals and man. At the time we made our investiga-

tion, however, the firm had again changed the formula, and tests we made on the new product did not result in irritation. We have acquired information concerning the experience of users over a period of several months and no further injuries were reported until approximately ten days ago when we received another complaint. We have instructed our field representatives to conduct another investigation.

"The Bureau of Chemistry of the American Dental Association is also conducting an investigation of Ipana and further reports will be published when significant information becomes available."

DR. CHARLES S. KAHN

Dr. Charles S. Kahn, who practiced dentistry at 2000 Chicago Avenue for the past thirty years, died on February 22. Dr. Kahn was graduated from the University of Illinois College of Dentistry in 1914. His residence was at 2536 Kedzie Boulevard. He is survived by his widow, Celia, and a son, Lt. Robert P. Kahn, of Fort Benning, Georgia.

MARCH MONTHLY MEETING

(Continued from page 5)

genograms of patients taken three years before and up to three years following extraction of all of their teeth show no change in the position of the mandible, either. It follows, then, that there are two vertical dimensions of the face to be considered; the first being that established when the mandible is at rest and the second that being established when the teeth are in occlusion. The latter is subject to change depending upon the status of the occlusion and is lost when the teeth are lost. Dr. Thompson will have numerous case histories at hand to bring out the truth of his findings. He will show how to determine the correct vertical dimensions of any given face by the use of lateral head X-rays. Analyses,

by the same method, of normal and abnormal positions of the mandible made at rest and with the teeth occluded will be shown also. Finally, recording and mounting casts to the rest position of the mandible by means of plaster cores will conclude the presentation.

MOTION PICTURE

Following the presentation of Dr. Thompson's essay, a new sound motion picture, "The Story of the American Dental Association," will be shown. This will be the initial showing of the film to our membership. The picture is a graphic, vivid and interesting account of the growth and progress of American Dentistry.—James H. Keith.

DIRECTORY CHICAGO DENTAL SOCIETY

Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Telephone State 7925

Kindly address all communications concerning business of the Society to the Central Office

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Contributors

Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the fifth and twentieth of each month. The early submission of material will insure more consideration for publication.

Ethics Committee

James J. Kohout, Chairman 1945
Folmer Nymark 1946
Lester E. Kalk 1947

Applications for Membership

All applications for membership should be sent to the Ethics Committee. Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Dr. James J. Kohout, 1203 S. Austin Blvd., Cicero. Anonymous communications or telephone calls will receive no consideration.

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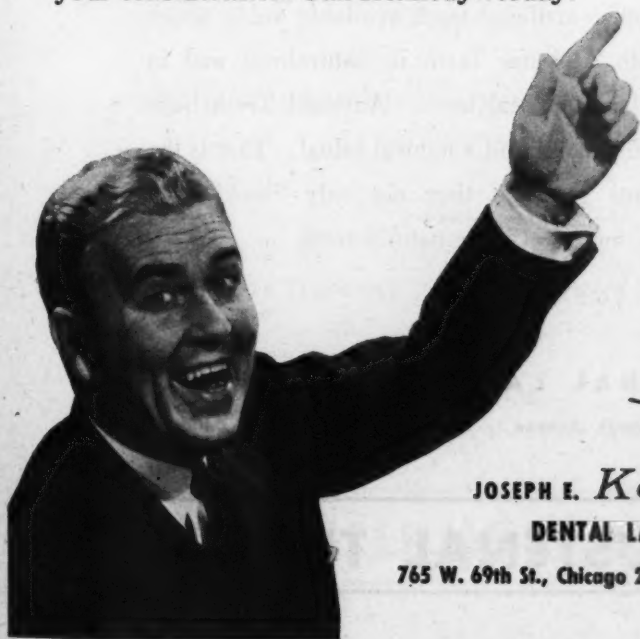
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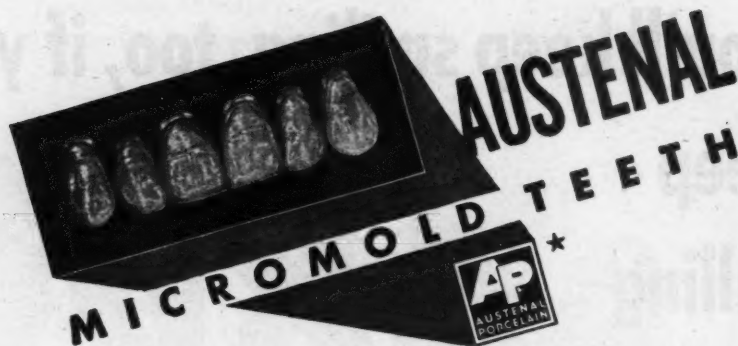
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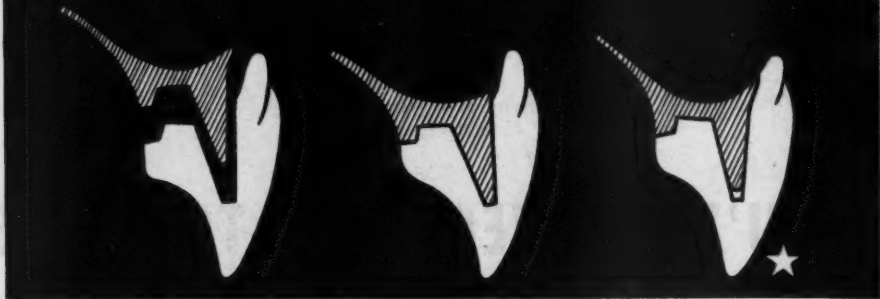
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